

**OFFICE OF FAMILY PLANNING
Information and Education Program
Reference Form**

Name of Applicant Agency: _____

Referring Agency Information

Agency Name: _____

Address: _____

Phone: _____

Name and Title of person completing this form:

Description of Project(s) and Services: In the space below, please include a brief explanation of the project(s) and services that were provided:

Please mark appropriate answer, if the answer is no, please provide a reason:

Did the applicant deliver timely and effective services?

☐ Yes

☐ No _____

Were major responsibilities satisfactorily accomplished and done so in a timely and professional manner?

☐ Yes

☐ No _____

Did the applicant implement fiscal control measures

☐ Yes

☐ No _____

Did the applicant submit all required progress reports documenting achievement of the objectives, activities, and deliverables contained in the Project workplan?

☐ Yes

☐ No _____

If required, did the applicant obtain independent financial audit?

☐ Yes

☐ No _____

Did the applicant maintain staffing patterns adequately?

☐ Yes

☐ No _____

Did the applicant submit timely and properly prepared invoices?

☐ Yes

☐ No _____

Did the applicant maintain effective communication during performance?

☐ Yes

☐ No _____

Overall, were you satisfied with the quality of applicant's past work?

☐ Yes

☐ No _____

Were you satisfied with the working relationship established by applicants during performance?

☐ Yes

☐ No _____

Did you encounter any problems with applicant that negatively affected performance?

☐ Yes

☐ No _____

Would you use the applicant's services again for the same or different services?

☐ Yes

☐ No _____

Signature of Authorized Agency Official (sign original in blue ink):

Signature _____ date _____